

Reissue

PTO/SB/50 (02-01)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Attorney Docket No.

109536-117

First Named Inventor

Seichi Araki

Original Patent Number

5,945,420

Original Patent Issue Date
(Month/Day/Year)

August 31, 1999

Express Mail Label No.

EL811672185US

APPLICATION FOR REISSUE OF:



Utility Patent



Design Patent



Plant Patent

(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/ 56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☐ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☐ Written Consent of all Assignees (PTO/SB/53)
 - ☐ 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes
to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other:

18. CORRESPONDENCE ADDRESS



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or ☐ Correspondence address below

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Signature

Hollie L. Baker

Date

8/30/2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 109536-117		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 8	Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	(B) 8	**** 0 =	x \$ _____ =	or	x \$ _____ =		
(C) 2		(D) 2	* 0 =	x \$ _____ =		x \$ _____ =		
Basic Fee (37 CFR 1.16(h))				\$ 710				\$ _____
Total Filing Fee				\$		OR	\$	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 54	MINUS	** 8	* = 46	x \$ _____ =		x \$ 18 =	828
Independent Claims (37 CFR 1.16(i))	*** 6	MINUS	***** 2	= 4	x \$ _____ =		x \$ 80 =	320
Total Additional Fee					\$		OR	\$1148
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>08-0219</u> in the amount of <u>1,858.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>08-0219</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>8/30/2001</u> Date</p> </div> <div style="width: 45%; text-align: center;"> <p><u>Hollie L. Baker</u> Signature of Applicant, Attorney or Agent of Record</p> <p>Hollie L. Baker; PTO Reg. No. 31,321 Typed or printed name</p> </div> </div>								

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DATE: AUGUST 30, 2001
EL 811672185 US
"EXPRESS MAIL" LABEL NO. _____

SIGNATURE: Nancy E. Hilson

TRANSMITTAL LETTER

Enclosed herewith for filing please find the following documents:

1. Reissue Patent Application Transmittal (PTO/SB/50)
2. Preliminary Amendment
3. Reissue Application Fee Transmittal Form (PTO/SB/56)
4. Copy of Specification pursuant to 37 C.F.R. §1.173(a)(1)
5. Copy of Drawings pursuant to 37 C.F.R. §1.173(a)(2)
6. Return Postcard

Transmittal Letter

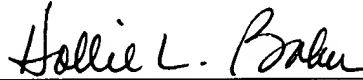
5,945,420

August 30, 2001

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No fees are believed to be due with this communication; however, please charge any additional fees or credit any overpayment associated with this matter to our Deposit Account No. 08-0219.

Respectfully submitted,
HALE AND DORR LLP



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